

IMPORTANT: PLEASE CAREFULLY READ ALL INFORMATION BEFORE COMPLETING THE ATTACHED APPLICATION

Thank you for your interest in the Better Boys Foundation Memorial Scholarship Program. Eligibility is contingent upon an individual's financial need and residency within the North Lawndale community. If you reside within our geographical boundaries, West to the city limits, Western Avenue on the East, the Eisenhower Expressway on the North, and Cermak Road on the South, your application will be considered. The scholarship can be used while attending an accredited two-year, four-year, vocational or technical training institution.

The deadline for complete applications (ALL REQUESTED INFORMATION) is Friday, May 28, 2010. Incomplete applications will not be considered. Applications must be submitted to:

**Better Boys Foundation
1512 South Pulaski Road
Chicago, Illinois 60623
Phone: (773) (773) 542-7300
Fax: (773) 521-4164**

Applicants should use the following checklist to ensure a complete application is submitted for review.

- This cover page (signed) and pages 2 and 3;
- An official transcript from all schools reflecting all prior secondary and post-secondary coursework (official transcripts must be sealed);
- A complete copy of the Student Aid Report (SAR) for the upcoming year;
- A copy of the financial aid award letter for the upcoming school year from the intended institution of enrollment;
- Three letters of recommendation (i.e. instructors, counselors, employers, etc.) addressed to BBF Memorial Scholarship Program;
- A recent photo of yourself;
- The counselor's applicant profile (page 4), completed, signed, and returned in a sealed envelope;
- A copy of the letter of acceptance from the intended institution of enrollment;
- An essay of 500-1000 words which clearly explains:
 - Career plan,
 - Exact reasons for your choice(s) of school,
 - Details of your household financial need and how you would use the scholarship,
 - Sources of financial support you expect for the upcoming school year, and
 - Any other information you wish to be considered.

Applicant Signature: _____ Date _____

Date: _____

Name: _____

Social Security #: _____ - _____ - _____

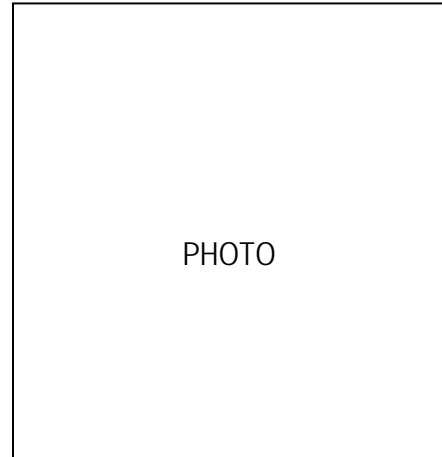
Date of Birth: _____ - _____ - _____

Home Address: _____

City: _____ State: _____ Zip _____

Home phone: () _____

E-mail Address: _____



Name of High School: _____

Expected date/date of graduation: _____

Name of institution you are planning to attend/are attending: _____

What semester do you expect to enroll? _____

What are your educational objectives? _____

Number of years attending post-secondary school: 1st 2nd 3rd 4th 5 or more

Enrollment status: Full-time Part-time

Please list siblings enrolled in post-secondary school:

Name: _____ School: _____

Name: _____ School: _____

How did you learn of the Better Boys Foundation Memorial Scholarship Program:

Internet

School: Name: _____

Friend: Name: _____

Other: Name: _____

Student: Name: _____ School: _____

Family: Name: _____ Relationship _____

Please list hobbies, community service, organizations, and extracurricular activities you have been/or are affiliated with: _____

ESTIMATE YOUR RESOURCES AND EXPENSES FOR THE UPCOMING YEAR.

A. Resources

- Savings: \$ _____
- Checking: \$ _____
- Savings Bonds: \$ _____
- Employment: \$ _____
- Loans/Others \$ _____

A. Total \$ _____

B. Expenses (see your Financial Aid Award Letter)

- Tuition and fees \$ _____
- Room and Board \$ _____
- Rent (off campus) \$ _____
- Book/Supplies \$ _____
- Transportation \$ _____
- Outstanding Balance \$ _____
- Miscellaneous \$ _____

B. Total \$ _____

Financial Need
(Expenses – Resources) \$ _____

List other scholarships that you have applied for and the amount involved.

- 1. _____ \$ _____
- 2. _____ \$ _____

Will others be dependent on you for support while you are attending school? If so, please explain.

TO BE COMPLETED BY GUIDANCE COUNSELOR OR MAJOR ADVISOR

Applicant's Name: _____

High School/College: _____

ACT Score: _____ SAT Score: _____ GPA: _____

Number in class: _____ Class Rank: _____ Percentile rank: _____

Recognition / Honors: _____

Extracurricular Activities: _____

PLEASE ATTACH AN OFFICIAL, SEALED, TRANSCRIPT

Courses in progress:

English Math Language Science Social Studies History P.E. Other

Please list special circumstances concerning family, if known (health,, education, hardship, etc.):

Please provide comments and concerns on character, leadership, community, volunteerism, personality and the student's interest.

Signed by: _____ Print Name: _____ Phone: _____
Guidance Counselor/Advisor

Signed by: _____ Print Name: _____ Phone: _____
Principal

Date: _____